

Receipt date: 09/16/2005

10788635 - GAD: 4/14

PTO/SB/21 (09-04)

**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/788,635
Filing Date	February 27, 2004
First Named Inventor	Kuo, Eric
Art Unit	3732
Examiner Name	Unassigned
Attorney Docket Number	018563-008700US

**ENCLOSURES (Check all that apply)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard<br>PTO/SB/08A & PTO/SB/08B<br>A copy of PCT Search Report |
|---|---|--|

Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.
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**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	Townsend and Townsend and Crew LLP
Signature	
Printed name	James M. Heslin
Date	September 14, 2005

Reg. No.	29,541
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**CERTIFICATE OF TRANSMISSION/MAILING**

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Jennifer O'Brien

Date

September 14, 2005

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ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /J.B./

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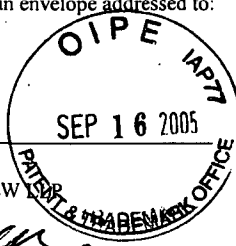
On

9-14-2005

TOWNSEND and TOWNSEND and CREW LLP

By

Jennifer O'Brien



PATENT  
Attorney Docket No.: 018563-008700US

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

KUO et al.

Application No.: 10/788,635

Filed: February 27, 2004

For: DENTAL DATA MINING

Examiner: Unassigned

Art Unit: 3732

INFORMATION DISCLOSURE  
STATEMENT UNDER 37 CFR §1.97 and  
§1.98

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references are not enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

Please find enclosed a copy of the Search/Examination report corresponding to the PCT application.

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /J.B./

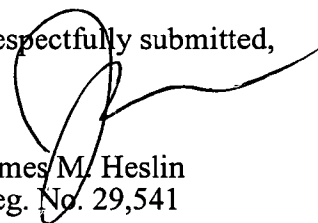
Kuo et al.  
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PATENT

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



James M. Heslin  
Reg. No. 29,541

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60586566 v1

SEP 16 2005

PTO/SB/08A&B (08-03)

Substitute for form 1449A&B/PTO

# **INFORMATION DISCLOSURE STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet **1** of **1**

## **Complete if Known**

Application Number	10/788,635
Filing Date	February 27, 2004
First Named Inventor	Kuo, Eric
Art Unit	3732
Examiner Name	Unassigned
Attorney Docket Number	018563-008700US

## **U.S. PATENT DOCUMENTS+**

Examiner Initials*	Cite No. <sup>1</sup>	Document Number Number Kind Code <sup>2</sup> (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
/J.B./	1	4,665,621	05-19-1987	Akerman et al.	
	2	5,562,448	10-10-1996	Mushabac	
	3	6,283,761	09-04-2001	Joao	
	4	6,616,444	09-09-2003	Andreiko et al.	

## **FOREIGN PATENT DOCUMENTS**

Examiner Initials*	Cite No. <sup>1</sup>	Foreign Patent Document			Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T <sup>6</sup>
		Country Code <sup>3</sup>	Number <sup>4</sup>	Kind Code <sup>5</sup> (if known)				
								<input type="checkbox"/>
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## **NON PATENT LITERATURE DOCUMENTS**

Examiner Initials *	Cite No. <sup>1</sup>	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T <sup>2</sup>

Examiner Signature	/Joseph Burgess/	Date Considered	02/17/2009
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\*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

<sup>1</sup> Applicant's unique citation designation number (optional). <sup>2</sup> Applicant is to place a check mark here if English language Translation is attached.